

*IFW*



FORMAL

IN RE APPLICATION NUMBER: 09/955,594

TRANSMITTAL COVER LETTER FOR FACSIMILE TRANSMISSION

PLEASE DELIVER THE FOLLOWING PAGES TO:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
ATTN: CUSTOMER SERVICE

FACSIMILE NUMBER: (571) 273-0125

THE SENDER IS: Laurence S. Rogers  
Registration Number 28,465  
ROPES & GRAY LLP  
1211 Avenue of the Americas  
New York, New York 10036  
Tel.: (212) 596-9000  
Fax.: (212) 596-9090

CLIENT/MATTER NO. CF/047

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

February 19, 2008  
Date

*Helen Giamonitis*  
Helen Giamonitis

TOTAL NUMBER OF PAGES, INCLUDING COVER SHEET: 2

DATE: 02/19/2008 FACSIMILE OPERATOR: Helen Giamonitis

\*\*\*\*\*

THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND CONFIDENTIAL. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT THE UNAUTHORIZED DISSEMINATION OF THE COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE.

\*\*\*\*\*

FEB 19 2008

PTO/SB/83 (01-06)

Approved for use through 12/31/2008. OMB 0651-0036  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/955,594 (Conf. No. 1177)
Filing Date	September 5, 2001
First Named Inventor	Philip M. Ginsberg
Art Unit	3694
Examiner Name	Daniel Lawson Greene
Attorney Docket Number	CF/047

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

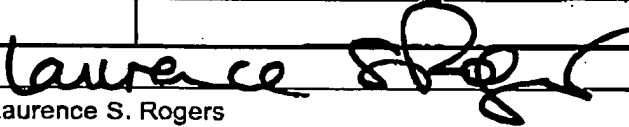
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client has failed to pay one or more bills for an unreasonable period of time (37 C.F.R. §10.40(c)(1)(vi))

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☒ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		
Signature			
Name	Laurence S. Rogers	Registration No.	28,465
Date	February 7, 2008	Telephone No.	212-596-9000

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.